



CITY OF CINCINNATI
DEPARTMENT OF BUILDINGS & INSPECTIONS
3300 Central Parkway, Cincinnati, OH 45225
Permit Desk (513) 352-3271
Plumbing Inspections (513) 352-3280 Fax: (513) 352-1598

www.cincinnati-oh.gov/buildings

Permit Application For
PLUMBING
NUMBER

COMPLETE IN INK – PLEASE PRINT

PROJECT ADDRESS: _____ Tenant Suite Floor: _____	
OWNERS NAME: _____	PLUMBERS NAME: _____
Address: _____	Address: _____
City: _____	City: _____ State: _____ Zip: _____
State _____ Zip: _____	Phone#: _____ Cellular#: _____
Phone#: _____ Cellular#: _____	Fax#: _____
Fax#: _____	Ohio Plumbing Contractor's License# _____
	Expiration Date: _____

1. General use of the building

For residential uses indicate the number of units in building: _____

For non-residential uses describe the uses: _____

2. Building Permit Number: _____ **3. Previous Plumbing Permit # for additional fixtures:** _____

4. ----- NUMBER OF FIXTURES PIPED AND INSTALLED -----

Water Closet:	<input type="text"/>	Sink/Kitchen/Bar etc:	<input type="text"/>	Washing Machine:	<input type="text"/>	Water Softener:	<input type="text"/>
Lavatory:	<input type="text"/>	Disposal:	<input type="text"/>	Floor Drain:	<input type="text"/>	Backflow Preventer:	<input type="text"/>
Bath Tub:	<input type="text"/>	Dishwasher:	<input type="text"/>	Water Heater:	<input type="text"/>	Roof Drains:	<input type="text"/>
Shower:	<input type="text"/>	Interceptor:	<input type="text"/>	Service Sink:	<input type="text"/>	Drinking Fountain:	<input type="text"/>
Urinal:	<input type="text"/>	Laundry Tray:	<input type="text"/>	Ejector/Sump Pump:	<input type="text"/>	Other:	<input type="text"/>

PERMIT FEES:
Total Fixtures: \$ _____

----- NUMBER OF FIXTURES REPLACED (NO PIPING) -----

Water Closet:	<input type="text"/>	Sink/Kitchen/Bar etc:	<input type="text"/>	Washing Machine:	<input type="text"/>	Water Softener:	<input type="text"/>
Lavatory:	<input type="text"/>	Disposal:	<input type="text"/>	Floor Drain:	<input type="text"/>	Backflow Preventer:	<input type="text"/>
Bath Tub:	<input type="text"/>	Dishwasher:	<input type="text"/>	Water Heater:	<input type="text"/>	Roof Drains:	<input type="text"/>
Shower:	<input type="text"/>	Interceptor:	<input type="text"/>	Service Sink:	<input type="text"/>	Drinking Fountain:	<input type="text"/>
Urinal:	<input type="text"/>	Laundry Tray:	<input type="text"/>	Ejector/Sump Pump:	<input type="text"/>	Other:	<input type="text"/>

Total Fixtures: \$ _____

5. Cost of outside ☐ storm ☐ sanitary ☐ water service piping: \$ _____

6. Cost of piping inside building not associated with features listed below: \$ _____

7. Sanitary Tap Permit Number: _____

8. Storm Tap Permit Number: _____

9. Total Cost of all Plumbing Work.....\$ _____

The owner of this building and undersigned hereby certify that all statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

SIGNATURE: _____

Plumbing Plan Examiner:	Date:
Zoning Plan Examiner:	Date:
Permit Issued By:	Date:

Subtotal: \$ _____

State Fee: \$ _____

Investigation Fee: \$ _____

Total: \$ _____

